

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7	1					
8		1				
9		1				
10	1					
11		1				
12	1					
13	1					
14	1					
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	6					
TOTAL CLAIMS	8					

	IND	DEP	IND	DEP	IND
51					
52					
53					
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99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					